



**Department of
Veterans Affairs**

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Fact Sheet

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VA Achievements in Diabetes Care

Diabetes is a serious but common disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches and other food into energy. It has reached epidemic proportions in the United States. About 20.8 million Americans -- or 7 percent of the U.S. population -- have diabetes, but about one-third of them are not aware of their condition. More than 1 million new cases are diagnosed every year. The prevalence will continue to rise with the aging of the U.S. population, the growth in minority populations most susceptible to Type 2 diabetes and the increase in obesity among Americans. The majority of deaths and hospitalizations related to diabetes are due to cardiovascular complications such as heart attack and stroke.

Prevalence of Diabetes in Veterans

Diabetes has particular importance for the Department of Veterans Affairs (VA) because the prevalence among VA patients -- one in five, or 20 percent -- is substantially higher than in the general population. Based upon an annual VA patient population of about five million, the number of VA patients with diabetes at any time is more than one million. VA is the largest integrated health care system to provide care to people with diabetes. Nearly all veterans with diabetes are men; 2.4 percent are women. The largest group of veterans with diabetes is over 65 years of age.

With proper treatment and lifestyle changes, many complications can be prevented or delayed, including blindness, amputations, heart disease, stroke and kidney failure, as well as premature death. The two most common types of diabetes are Type 1 (previously called insulin-dependent diabetes mellitus or juvenile-onset diabetes), in which the body does not make insulin, and Type 2 (previously called non-insulin dependent diabetes mellitus or adult-onset diabetes), in which the body does not react to insulin normally. Type 2 diabetes accounts for 90 to 95 percent of diabetes cases in the general population.

Diabetes is more common in Americans who are older, overweight, not active physically, have a family history of diabetes, African Americans, Hispanic Americans, American Indians, Asian Americans or Pacific Islanders.

VA Goals

VA works to improve the health of veterans with diabetes by identifying and treating risk factors for complications. It does this by developing and implementing clinical guidelines for treatment, mechanisms to track use of these guidelines and assessments of

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Diabetes 2/2/2/2

their medical outcomes. VA research supports not only these activities but also clinical trials and basic science studies that may result in discoveries to benefit people with diabetes.

Screening Policies

The VA Diabetes Guidelines suggest testing patients at high risk, based upon symptoms or risk factors. Diabetes can be easily diagnosed with a test of blood sugar level at a routine visit or during a complete physical examination. Regular screenings reduce complications by controlling blood sugar, blood pressure and cholesterol.

VA uses an external peer review program to ensure that the rates of screening in VA medical programs for diabetes-related conditions are among the highest of any health care plan in America. In fiscal year 2005, VA collected data from a random sample of veterans with diabetes from each VA facility. A patient must have accessed VA for any type of care at least once during the previous 12 months. The percentage of patients having chart documentation of the following measures, and the increase from 2004, is as follows:

- HbA1c test for blood sugar level performed annually and with levels of 9 percent or lower in 85 percent of patients -- an improvement of 1 percent over the previous year
- HbA1c test for blood sugar level performed annually and with levels less than 8 percent, improved from 72 percent in 2004 to 73 percent in 2005; likewise HbA1c test with levels less than 7 percent, improved from 47 percent in 2004 to 49 percent in 2005.
- Full lipid profile performed within every two years and with LDL-C values lower than 120 mg/dl in 77 percent of patients -- an increase of 3 percent
- Blood pressure controlled in 75 percent of patients with a BP of 140/90 or lower -- an increase of 1 percent
- Retinal examinations performed at least every 2 years (and annually if retinopathy identified) in 79 percent of patients -- a decrease of 1 percent, which is a 4 percent improvement over 2003
- Annual foot exams in 83 percent of patients -- an increase of 5 percent

In 1999, VA was the first national organization to mandate that all Hemoglobin A1c testing be performed using laboratory methods certified by the National Glycosylated Standardization Program. About 85 percent of all HgA1c testing in the U .S. is now done by this method.

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VA's Clinical Practice Guidelines -- developed in collaboration with the Department of Defense (DoD) -- were the first national guidelines to support recommendations for diabetes treatment with graded evidence of effectiveness and to stratify preventive approaches in terms of risk. VA's national experts collaborated with representatives of other federal agencies and professional societies to develop the guidelines.

In 2003, in partnership with DoD, VA updated its Diabetes Clinical Practice Guidelines. The guidelines, covering outpatient management of glycemia, blood pressure, hyperlipidemia, diabetic retinopathy, foot care and renal disease, emphasize transparency of the evidence underlying clinical recommendations, as well as risk reduction and patient-clinician decision making.

In a VA study published in Annals of Internal Medicine August 17, 2004, researchers looked at patients with diabetes from five VA medical centers and eight commercial managed-care health plans. VA patients were more likely to receive recommended services and had their hemoglobin A1c and LDL cholesterol levels in better check. Blood pressure control was comparable for both sets of patients.

Between 1999 and 2005, the overall age-adjusted rate of lower extremity amputations among all VA users with diabetes decreased from 8.05 to 3.98 per 1,000 VA users, and major amputations from 3.65 to 1.61 per 1,000 VA users. In 2001, VA reissued a directive aimed at preserving the limbs of diabetic patients. In 2005, 83 percent of patients with diabetes received an annual foot exam that included a monofilament test to assess protective sensation and the presence of nerve damage.

Compensation

To qualify for VA disability compensation, most veterans must have a diagnosis of diabetes and evidence that it began or was aggravated during active duty or within one year of release from duty. In 2001, veterans who served in Vietnam and later developed adult-onset (Type 2) diabetes became eligible for disability compensation on a presumption that the condition is connected to their military service. They do not have to present evidence that their diabetes began during or shortly after military service. This presumptive policy is an outgrowth of research into the potential effects of Agent Orange.

VA has made diabetes care a priority ever since it began treating chronic diseases on an outpatient basis several years ago. Its emphasis is multi-focused: 1) patient education; 2) health care provider education and guidelines; 3) epidemiological assessment; 4) quality of care; and 5) basic science, clinician and health services research.

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VA Diabetes Research

- VA has funded a five-year study at 20 VA medical centers to determine if tight control of blood sugar will decrease cardiovascular conditions such as heart disease and stroke.
- VA's Medical Research Service is funding research to improve eye care and blood pressure control.
- VA established the Diabetes Quality Enhancement Research Initiative to translate research findings into better care and outcomes for diabetic patients through aggressive treatment of risk factors that can be changed and prevention of progressive complications. Activities range from intervening to help front-line clinicians target high-risk patients to finding new ways to measure quality of care.
- In FY 2006, the VA Office of Research and Development funds more than \$28 million in diabetes research. Non-VA sources also fund VA investigators.

Other Initiatives

In early 2006, VA and the Department of Health and Human Services (HHS) formed HealthierUS Veterans, a collaboration to educate veterans and their families about ways to combat diabetes and the obesity that creates a risk for the disease. VA medical centers will promote good nutrition and exercise with local groups in 40 communities that have HHS grants in a program called "Steps to a HealthierUS." Overweight patients receiving VA health care can participate in weight loss programs tailored to them and receive pedometers, diet advisories and "prescriptions" suggesting how much to walk. A corps of veteran volunteers will be advocates for fitness and health in their communities.

VA is working with other federal health agencies through the Joslin Vision Network, a telemedicine demonstration program involving the Joslin Diabetes Center in Boston, the Department of Defense and VA. Joslin is the only U.S. medical center devoted solely to diabetes. VA is currently developing a national plan for using telehealth technology to conduct retinal screenings of diabetic patients remotely at VA facilities.

The American Diabetes Association (ADA) has given formal recognition to VA medical centers' patient self-management education programs at more than 40 sites that have a framework, informational content and implementation meeting ADA standards. The ADA is the nation's largest professional society for diabetes care.

Future Activities

VA remains committed to using performance measurement, its medical informatics system, research and patient and clinician education to improve metabolic outcomes (blood glucose level, blood pressure and cholesterol), as well as to improve chronic kidney disease as well as cardiovascular, eye and foot-care outcomes.

More information can be found at www.va.gov/diabetes.

